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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Charlie Lawson

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

Spontz / Safety Clean (Business)
and Francisco (manager)

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: DISCRIMINATION my Job Violated my 14th Amend Right AGAINST DISCRIMINATION

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Charlie Frazier Lawson
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Shelter
Current Place of Detention

112-16 ASTORIA Blvd
Institutional Address

EAST Elmhurst N.Y. 11369
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner

☒ Other: Shelter

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

manager (fransico)
 First Name Last Name Shield #
 Spointz manager
 Current Job Title (or other identifying information)
 22-44 Jackson Avenue
 Current Work Address
 Long Island City, N.Y. 11101
 County, City State Zip Code

Defendant 2:

Owner of "Spointz" and Safetyclean
 First Name Last Name Shield #
 Building owner / John
 Current Job Title (or other identifying information)
 22-44 Jackson Avenue
 Current Work Address
 Long Island City N.Y. 11101
 County, City State Zip Code

Defendant 3:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 5pointz Building 22-44 Jackson Ave
Long Island City N.Y. 11101

Date(s) of occurrence: Dec 14th thru April 28th

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Dec 14th I Started working with Safety Clean and 5pointz. A month of me working at the job I notice ~~mostly~~ only latino's working in one particular area in my work place. I learn through co-workers these guys was getting 23 to 24 dollars an hour so I spoke with Francisco who is the manager and the owner of the building John and I ask if I could get a job with the guys working in that area. In January I was promise a job if any available came up from the owner and Francisco because of my good performance through out the building. I asked these guys on numerous occasions and I notice they started hiring more latino's after I asked. In March I got a raise and later was terminate in April due to management issues. ~~I~~ ~~Feel~~ my 14th Appendent has been violated in I want to sue my my rights protect me against Discrimination in a job site.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

expense
Decrease
in
Bank
account
mentally I AM Damage I Lost
\$5,000 within the time frame of losing
my job and Depress, lost of weight
threats, pain suffering, lack of sleep

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

150,000 for lost wages, Discrimination
Embarrassment, deflamation, ~~defeminization~~
pain suffering, stress, mental illness

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

06-15-23 _____
 Dated _____ Plaintiff's Signature Charlie Lawson
Charlie Frazier Lawson
 First Name Middle Initial Last Name

 Prison Address 112-16 Astoria Blvd
EAST Elmhurst N.Y. 11369
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

Charlie Lawson

112-16 Astoria Blvd
East Elmhurst N.Y.

11369

Clerk of courts
Southern District of New York
United States Courthouse

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JUN 20 2023
CLERK'S OFFICE
S.D.N.Y.

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Pro Se

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